



GP1657  
PATENT  
450117-03449 *ifw*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : William Ford et al.  
Serial No. : 09/990,049  
For : **SELECTIVE METALLISATION OF NUCLEIC  
ACIDS VIA METAL NANOPARTICLES  
PRODUCED IN SITU**  
Filed : November 21, 2001  
Examiner : David M. Naff  
Art Unit : 1651

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an envelope  
addressed to: **Mail Stop Amendments, Commissioner for Patents,**  
**P.O. Box 1450, Alexandria, VA 22313-1450**, on June 9, 2004.

Samuel H. Megerditchian, Reg. No. 45,678

\_\_\_\_\_  
Name of Applicant, Assignee or Registered Representative

*Samuel H. Megerditchian*  
\_\_\_\_\_  
Signature

June 9, 2004

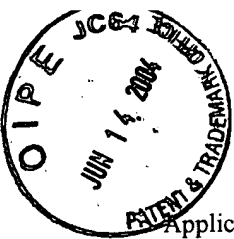
\_\_\_\_\_  
Date of Signature

**AMENDMENT PURSUANT TO 37 C.F.R. §1.111**

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is responsive to the March 9, 2004 Office Action. Any fee occasioned by this paper  
may be charged, or overpayment credited, to Deposit Account No. 50-0320.



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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	24	Minus	** =24	* 0 x	\$18 (9)	= \$ 0
Independent claims	1	Minus	*** =1	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

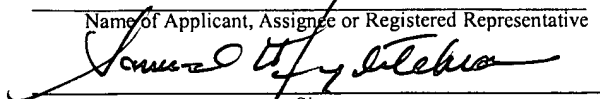
- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel H. Megerditchian, Reg. No. 45,678

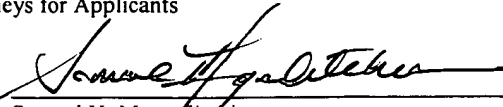
Name of Applicant, Assignee or Registered Representative

  
Signature  
June 9, 2004  
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

  
Samuel H. Megerditchian  
Reg. No. 45,678  
Tel: 212-588-0800